UNITED STATES DISTRICT COURT

FOR THE DISTRICT OF ALASKA

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KIMBERLY ALLEN, Personal Representative of the ESTATE Of TODD ALLEN, Individually, on Behalf of the ESTATE OF TODD ALLEN, and on Behalf of the Minor Child PRESLEY GRACE ALLEN,

Plaintiff,

vs. No. 304-CV-0131 (JKS)

UNITED STATES OF AMERICA,

Defendants.

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DEPOSITION OF RONALD F. SHALLAT, M.D.

February 17, 2006

San Francisco, California

ATKINSON-BAKER, INC.
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have been on the receiving end. The children's hospital where I worked had a heli-pad. And they received MedEvac patients from all over the -- Northern California.

Q. So you have been on the receiving end. Have you ever been on the sending end?

A. Probably not, no.

Q. So at least you are familiar, at least on the receiving end, Children's Hospital where somebody may be, you know -- do they call it MedEvac here? Do they call it Life Flight or how do they --

A. Anything like that is fine.

Q. What is your experience in that situation, a patient would be transferred in a helicopter, would they have medical personnel with them?

A. Yes. It wouldn't be a physician. It usually is a nurse and/or EMTs or, you know, emergency medical technicians or, you know, what is the other designation? You know, somebody with medical training for sure. Usually also a nurse.

Q. Then have you ever been in a situation where they are -- you are in contact with the helicopter as it is coming to Children's

Hospital if you were there waiting for a patient?

A. Yes. Well, usually I wouldn't be working the radio, but I mean, someone at Children's Hospital would be in contact with the helicopter saying they are five minutes out and this is the status of the patient and so forth.

Q. Going back to the standard of care for a patient who has been diagnosed with a subarachnoid hemorrhage, you would generally admit them to a facility, and I understand, you know, you would want to ideally admit them to a facility where there is a neurosurgeon or had angiography; is that correct?

A. That's correct.

Q. If you didn't have a facility that had a neurosurgeon on staff, would you still want to see that patient admitted to the hospital?

A. Well, that depends on the logistics and the whole timing and what is available and where they could go. If you can't do much for them, I mean, maybe the best thing is to expedite their transfer right away, you know. Again, if you have a hospital that doesn't have a real high intensity level ICU and you don't have a neurosurgeon on staff, then it wouldn't

necessarily help that patient to admit them to ICU. They are better off getting transferred by ambulance to another hospital or by helicopter or what have you.

Q. Okay. But certainly you would want to make sure if you didn't have the appropriate treatment right there, you would want to get them to a place where they could get appropriate treatment; is that correct?

A. Exactly. That's correct.

Q. And would it be below the standard of care after a patient has been diagnosed with a subarachnoid hemorrhage to just discharge them to go home?

A. Yes, I would think so.

Q. Would it be below the standard of care to tell a patient, Look, you know, we can't -- you know, if a facility didn't have a neurosurgeon, you know, We can't treat you right now, you know, go home and wait until we can actually, you know, arrange for you to be transferred somewhere else?

A. Yes, that would be -- I believe that would be below the standard of care.

Q. And why is that?

A. Well, I think that you are obliged to, No. 1, assure that that patient gets to the proper facility, and you are obliged to do what you can to watch that patient until they do get transferred to -- I mean, maybe they just need an IV or some medication that you can give. In other words, you may not have the facility to take care of them definitively, but you can certainly give them medical care of some kind if they should need it while they are waiting for the transport.

Q. Right. Would it be the standard of care, then, to immediately start monitoring the vital signs of a patient who is diagnosed with a subarachnoid hemorrhage?

A. Well, again, it kind of depends on the -- on the nature of the bleed and what their status is. If they are wide awake and alert, you would certainly put them in a bed in a high visibility area. I mean, I don't know that you would go by every few minutes and monitor their blood pressure and pulse or you could hook them up to a monitor, yes.

Q. Let me make sure I understand. Would you -- would it be the standard of care if a patient is diagnosed with a subarachnoid

hemorrhage to monitor their blood pressure? 10:57:40
A. Yes. I mean, but monitor means 10:57:42
different things. Does it mean going by every 10:57:47
three minutes to check it or does it mean hooking 10:57:49
them up to something that is reading constantly 10:57:51
and that somebody is there to read the monitor 10:57:54
constantly? In other words, if you are in a busy 10:57:56
emergency room, there is only one doctor, one 10:57:59
nurse and you put them over in a corner and hook 10:58:02
them up to a monitor, even if it's reading 10:58:04
continuously, if you have nobody looking at it, it 10:58:06
doesn't do you any good to be monitoring it 10:58:08
continuously, you know. 10:58:11
So you have to have the capability of 10:58:12
doing it right. I mean, just saying "monitoring" 10:58:16
doesn't mean anything, in other words. 10:58:18
Q. Well, I guess I mean it in a 10:58:19
meaningful way. Would be important for you to 10:58:27
check on the patient's blood pressure -- 10:58:30
A. Sure. 10:58:32
Q. -- if they were diagnosed with a 10:58:33
subarachnoid hemorrhage? 10:58:35
A. Yes, absolutely. 10:58:35
Q. Why would that be important? 10:58:36
A. Well, if the blood pressure got 10:58:38

real high and the patient is not normally 10:58:42
hypertensive, you might want to give them 10:58:45
medications to bring their blood pressure down. 10:58:47
Q. Why would that be important? 10:58:50
A. Well, because high blood pressure 10:58:52
might lead to further bleeding. 10:58:54
Q. Right. And is that one of the 10:58:56
primary goals of treating a patient with a 10:58:57
subarachnoid, you want to see -- 10:59:00
A. Well --
Q. Let me finish my question. 10:59:03
You want to see if you can -- let me 10:59:04
back up. Let me make it a little simpler. 10:59:09
Is one of the concerns for a patient who 10:59:10
has got a subarachnoid hemorrhage that they might 10:59:15
rebleed? 10:59:17
A. Yes. 10:59:17
Q. So you would want to do what you 10:59:17
could to avoid a rebleed; would that be fair to 10:59:21
say as a medical provider? 10:59:24
A. That would be fair to say, yes. 10:59:25
Q. How would that relate to monitoring 10:59:27
a patient's blood pressure? 10:59:28
A. As I just said, if it got out of 10:59:29
hand, if it got up high, you might want to lower 10:59:31

it a little bit. You don't want to lower it if 10:59:35
it's already normal, because then you might not 10:59:39
perfuse to the brain adequately. So only if it 10:59:42
reached high levels and the patient was not 10:59:48
normally hypertensive would you want to lower it. 10:59:51
Q. Sure. What kinds of things might 10:59:54
raise somebody's blood pressure? 10:59:55
A. Excitement, anxiety, tension, pain, 10:59:58
anything like that. 11:00:03
Q. How about lifting things, would 11:00:04
that -- could that raise somebody's blood 11:00:06
pressure? 11:00:09
A. Sure. 11:00:09
Q. And walking around, exercise, would 11:00:09
that raise somebody's blood pressure? 11:00:11
A. Well, vigorous, strenuous exercise, 11:00:12
sure, and that depends on how good a shape you are 11:00:15
in. The better shape you are in, the less it goes 11:00:17
up when you exercise. 11:00:19
Q. Okay. All right. What other -- 11:00:20
going back to the standard of care of caring for a 11:00:26
patient who has been diagnosed with a subarachnoid 11:00:30
hemorrhage. So we have talked about -- is it -- I 11:00:33
just want to make sure I am not mischaracterizing 11:00:36
it. 11:00:38

It would be the standard of care; you 11:00:38
would want to at least start monitoring a 11:00:40
patient's blood pressure; is that correct? 11:00:41
A. Yes. 11:00:42
Q. What other things would you want to 11:00:43
monitor? 11:00:44
A. Their level of consciousness is 11:00:44
probably the single most important thing, I think. 11:00:47
Q. Why is that important? 11:00:50
A. Because that is probably the first 11:00:52
thing that would change if they were developing 11:00:54
either rebleeding or swelling of the brain or 11:00:59
vasospasm or what have you. If they went from 11:01:02
being alert and oriented to sleepy and confused, 11:01:09
well, that is -- that is important to know. 11:01:14
Q. How would you measure somebody's -- 11:01:16
or how would you monitor somebody's level of 11:01:19
consciousness? 11:01:20
A. You have to just go by and check 11:01:21
them, talk to them, and say, how are you, where 11:01:25
are you, what is your name, what are you doing 11:01:28
here, you know. Are their answers appropriate, do 11:01:30
they answer promptly, and do they answer 11:01:34
correctly. 11:01:37
Q. And so that -- you would think 11:01:37